



MONTANA BOARD OF: DENTISTRY
301 S PARK, P O BOX 200513
HELENA MT 59620-0513
(406) 841-2390
Denturist
RENEWAL APPLICATION

LICENSE NO. _____

RENEW DATE _____

STATUS: _____

ADDRESS CORRECTIONS ONLY:

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP/COUNTRY: _____

Your Montana denturist license will expire on March 1.

TO RENEW ONLINE: GO TO: <http://app.mt.gov/renewal/> (Online transactions must be completed no later than 11:59 P.M., MST on the renewal deadline date. Failure to complete the transaction by 11:59 P.M., will result in the addition of a late fee.) **OR:**

- 1) Complete all the information on the renewal application.
- 2) Read the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$100.00 made payable to the Board of Dentistry. Do not send cash. Canadian residents pay in US funds only.
- 5) Renewals with a US postal service postmark after March 1st will be assessed a penalty fee by state law of \$100.00, increasing the total to \$200.00. **NO EXCEPTIONS!** The penalty fee may increase during the renewal period due to standardization of fees within the Licensing Division. The Department of Labor & Industry during the last legislative session passed statutes for development of standardized fees. The proposed rule, if adopted, would set penalty fees at 100% of the original licensees renewal fee.
- 6) In order to maintain an active license you must maintain a "current" CPR/ACLS card. You may not renew as "ACTIVE" without a current card. Complete the CPR/ACLS statement below.
- 7) Incomplete or unsigned renewal applications will not be processed and **WILL BE RETURNED**.

CONTINUING EDUCATION ATTEST STATEMENT:

I am aware of the continuing education requirement and hold myself responsible for fulfilling that requirement. I will submit "proof of attendance" when audited or upon request by the board.

CPR/ACLS REQUIREMENT:

I have a current and unexpired CPR or ACLS card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Circle One: ACLS CPR Expiration date: _____

I declare under penalty of perjury that all statements are true and that a false statement/s may lead to license discipline.

Legislation passed in the 2005 session provides that a licensee has (45) days to renew his/her license by paying the late fee. Anyone renewing (46) days or more after the March 1 deadline, may have a complaint file opened, and the possibility of unlicensed practice may be addressed by the board through their disciplinary process. In order to avoid being referred to the complaint screening panel, licensees who do not wish to practice may request that the license be listed as expired.

Yes ___ No ___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ Date: _____

DO NOT SEND CASH